

## Certified Operator Termination Rescission Notice

### Effective Date Termination Rescinded

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
PWS Name: \_\_\_\_\_  
PWS ID#: \_\_\_\_\_

Attention: \_\_\_\_\_;

The Certified Operator Termination Notice issued to you on \_\_\_\_\_ has been rescinded for the reason(s) checked and listed below:

- ☐ Payment for services rendered during the period \_\_\_\_\_ to \_\_\_\_\_.  
☐ \_\_\_\_\_.  
☐ \_\_\_\_\_.

The prior certified operator contract dated \_\_\_\_\_ is now in full effect.  
\_\_\_\_\_,  
Name Certified Operator License #  
will continue to provide drinking water  
certified operator services to your public drinking water system.

As a public water system in the Commonwealth of Massachusetts you are required by 310 CMR 22.11B to have your system supervised by a Massachusetts certified drinking water operator. MassDEP will take enforcement action against a public water system for failure to have a certified operator.

A copy of this notice has been sent to MassDEP.

If you have any questions about this notice please contact me as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: MassDEP/DWP; One Winter Street; Boston, MA 02108. Attention: Certified Operator

MassDEP \_\_\_\_\_ Regional Office \_\_\_\_\_